DOCUMENT RESUME

ED 127 499 CG 010 716

AUTHOR	Toborg, Mary A.; And Others
TITLE	Treatment Alternatives to Street Crime (TASC): Individual Project Reports. Volume 1, Chapter 4, Miami TASC.
INSTITUTION	Lazar Inst., Washington, D.C.
SPONS AGENCY	National Inst. of Law Enforcement and Criminal Justice (Dept. of Justice/LEAA), Washington, D.C.
PUB DATE	Aug 75
GRANT	75-NI-99-0062
NOTE	40p.; Not available in hard copy due to marginal legibility of original document; For related document, see CG 010 717
EDRS PRICE	MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS	*Correctional Rehabilitation; *Criminals; *Drug Abuse; Drug Addiction; Program Descriptions; *Rehabilitation Programs
IDENTIFIERS	Florida (Miami)

ABSTRACT

As part of a Phase 1 evaluation study of the Treatment Alternatives to Street Crime (TASC) program, The Lazar Institute visited ten TASC projects, including the one in Miami, Florida. Results of this stage of the study have been provided to LEAA's National Institute of Law Enforcement and Criminal Justice in three volumes. The materials in those volumes which pertain to Miami TASC have been separately bound into this report, which includes: (1) the introductory chapter, describing the purpose and scope of the full study; (2) the narrative description of the Miami project (Chapter 4 of the study); and (3) the flow diagram of the Miami TASC intervention. The Miami TASC program is designed to identify drug-abuse arrestees and divert them to either jail treatment or one of the Miami community's drug treatment programs. Clients may be referred to treatment prior to or after disposition of the charges against them. The project has five major operational components: (1) screening; (2) intake; (3) tracking, evaluation and research; (4) vocational rehabilitation; and, (5) jail treatment. This report describes all five components and discusses some feasible evaluation measures along with flow measures. (Author)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED127499

TREATMENT ALTERNATIVES TO STREET CRIME (TASC):

A NATIONAL EVALUATION PROGRAM

PHASE I STUDY

Individual Project Reports

Supported Under a Grant From

National Institute of Law Enforcement and Criminal Justice
Law Enforcement Assistance Administration
United States Department of Justice

August 1975

BEST COPY AVAILABLE

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

HARD COPY NOT AVAILABLE

THE LAZAR INSTITUTE

WASHINGTON, D.C.

CS 010 716

TREATMENT ALTERNATIVES TO STREET CRIME (TASC):

Individual Project Reports

Volume I (of Three Volumes)
Narrative Descriptions

Chapter IV. MIAMI TASC

Supported Under Grant No. 75 NI 99-0062

National Institute of Law Enforcement and Criminal Justice
Law Enforcement Assistance Administration
United States Department of Justice

Principal Investigator: Mary A. Toborg
Research Associate: Debra R. Levin
Co-Investigator: Raymond H. Milkman

August 1975

The Lazar Institute
1700 Pennsylvania Avenue, N.W.
Washington, D.C. 20006

EXPLANATORY NOTE

As part of a Phase I evaluation study of the Treatment Alternatives to Street Crime program, The Lazar Institute visited ten TASC projects, including the one in Miami, Florida. Results of this stage of the study have been provided to LEAA's National Institute of Law Enforcement and Criminal Justice in three volumes. The materials in those volumes which pertain to Miami TASC have been separately bound into this report, which includes:

- the introductory chapter, describing the purpose and scope of the full study;
- the narrative description of the Miami project (Chapter IV of the study); and
- the flow diagram of the Miami TASC intervention.

CHAPTER I

INTRODUCTION

As part of its National Evaluation Program, the National Institute of Law Enforcement and Criminal Justice has commissioned a series of Phase I evaluation studies. These studies assess what is currently known about a project type, what additional information could be provided through evaluation and what the cost and value would be of obtaining the additional information. In some cases Phase I assessments will be followed by Phase II evaluation studies to collect the additional information considered warranted.

Phase I assessments have six parts:

- review of existing literature and work in progress;
- descriptions of actual project operations;
- development of analytical frameworks for understanding major project types;
- determination of whether additional evaluation is needed;
- design of an evaluation for the overall program (if necessary); and
- design of an evaluation for an individual project (if necessary).

This three-volume report presents the results of the second stage (descriptions of project operations) of a Phase I study of the Treatment Alternatives to Street Crime (TASC) program. The TASC program evolved from observations that many drug-dependent people engaged in street crime to support their habits and were recurringly arrested, released and rearrested. To break this cycle, TASC projects were established to help channel drug-dependent arrestees into treatment, which can rehabilitate them into productive, law-abiding citizens.

PURPOSE OF PROJECT DESCRIPTIONS

The purpose of the descriptions of project operations is to ensure that the Phase I assessment includes careful consideration of the diversity or similarity of the goals and methods of intervention and of the assumptions and allocation of resources underlying those goals and strategies as reflected by actual project operations. In order to describe in narrative and flow diagram form the interrelated intervention activities of a particular project in a sample of TASC projects and to indicate what information useful to an evaluation is collected by the project, the study of project operations included structured telephone interviews with TASC project directors and site visits to a sample of projects.

The telephone interviews were conducted between the middle of April and the middle of May 1975; projects contacted had been operational (i.e., receiving clients) for at least one month as of March 1975. The earlier survey of available materials on TASC program operations and the need to select a representative sample of TASC projects for field investigation determined the kind of information requested by telephone. The hour-long interview sought information concerning:

- stages in criminal justice processing when the TASC interventions occur;
- TASC eligibility criteria;
- client demographic and drug use data;
- distribution of clients by treatment modality; and
- project staffing pattern and expenditures.

Results of the telephone survey are summarized in the three tables on the following pages. Table 1 contains information describing the project size and expenditures. The second table presents data on the criminal justice stage at which TASC intervenes and the distribution of clients by treatment modality. Table 3 summarizes the characteristics of clients and the distribution of staff by program component. A more detailed presentation of the information obtained from the telephone interviews, comments concerning difficulties encountered in obtaining the requested data and the interview guide used appear in Volume III, "Selected Background Materials."

The information which appears in the tables is intended to be descriptive of the range of variations among TASC projects. Comparisons based on the data could be very misleading and therefore, should be avoided. For example, the cost per referral measure is a very crude descriptor. Not only may the expenditures made by a particular project support a set of activities which may be different from those performed at another project but also the number of referrals to the project may represent a different input. In some cases, projects reported as referrals only those people who had been screened into TASC through jail interviewing procedures. Other projects reported persons admitted to TASC through a variety of mechanisms, including referrals from the probation department, private attorneys and other sources in addition to people identified from jail screening activities.

Information from the telephone interveiws was used to select ten projects for field investigation. These projects were selected to represent a wide range of variability among TASC project operations in all parts of the country. A project had to be at least six months old and still operational to be included. From among those projects, each one selected represented a particular geographic region. In cases where there was more than one six-month old project in a region, additional factors taken into consideration included:

Table 1. Project Size and Cost

Project Size and Cost / Project	Date Operational	Months Operational through 3/75	Cumulative Referrals through 3/75	Average referrals per operational month	Referrals in 3/75	Active clients in 3/75	Federal funding source (current)	Cum. expenditures 3/75 (in thousands)	Cost per referral, cumulative to 3/75	Expenditures in 3/75 (in thousands)	Cost per referral in 3/75
Alameda County	1/74	15	1019	68	73	277	LEAA	$1453[1]	$1343[2]	$42[1]	NA
Albuquerque	3/74	14[3]	359[3]	26	28[4]	136[4]	LEAA	106	320	8	NA
Austin	11/73	18[3]	292[3]	16	13[4]	201[4]	LEAA	96[3]	330[3]	18[4]	$1392[4,5]
Baltimore	9/73	20[3]	551[3,6]	28	77	178	LEAA Impact	86[6]	181[2]	17	214
Birmingham	10/73	19[3]	559[3]	32	33[4]	221[4]	NIDA	818[3]	1365[3]	18[4]	530[4]
Boston - A	4/74	15[7]	210[7]	14	19[8]	133[8]	NIDA	598	323[2,7]	27[2]	1421
Boston - J	2/75	2	206	103	85	205	NIDA	460[3]	1553[2]	140[9]	1359[9]
Camden County	1/75	3	92	31	18	90	LEAA	28	301	13	695
Cincinnati	1/74	16[3]	498[3]	31	31[4]	180[4]	NIDA	466[3]	935[3]	20	NA
Cleveland	3/73	28[7]	1203[7]	43	30[8]	229[8]	NIDA	1300[7]	1081[7]	62[8]	2055[8]
Compton	3/75	1	26	26	26	25	LEAA	35	1354	35	1354
Dayton	9/73	19	251	13	9	74	LEAA	412	1643	13	1444
Denver	1/74	15	374[10]	25	87	74	LEAA Impact	810[3]	NA	32[4]	NA
Detroit	1/75	4[3]	307[3]	77	142[4]	34[4]	LEAA	100	606	22[11]	NA
Indianapolis	4/73	26[1]	437[1]	17	16[1]	128[1]	LEAA	579[1]	1324[1]	18[1]	1131[1]
Kansas City	11/73	18[3]	489[3]	27	45	205[4]	LEAA	1091[3]	2231	15	330
Marin County	7/73	23[1]	777[1]	34	42[1]	101[1]	LEAA NIDA	335[7]	410[7]	16[8]	388[2]
Miami	11/73	20[7]	2680[7]	134	118[8]	537[4]	LEAA	762[7]	284[7]	40[8]	339[8]
Newark	12/74	4	163	41	32	114[2]	LEAA Impact	545	3344	29	906
New York	1/73	27	185	7	11	70	NIDA	438[1]	2122[2,3]	22[1]	NA
Philadelphia	12/72	29[3]	2374[3]	82	152[1]	858[1]	LEAA	1429[3]	602[3]	123[1]	809[1]
Richmond	7/74	10[3]	211[3]	21	29[4]	115[4]	NIDA	245[3]	1161[3]	16[4]	551[4]

Footnotes are on the following page.

FOOTNOTES FOR TABLE 1

1. As of May 1975.
2. Estimated.
3. Through April 1975.
4. To April 1975.
5. Reflects increased urinalysis expense.
6. First 12 months of operation not included.
7. Through June 1975.
8. For June 1975
9. For average month.
10. For period beginning December 1974.
11. For February 1975.

Table 2. Criminal Justice System Interventions and Treatment Referrals (In Percentages)

CJS and Treatment Referrals / Project	Pre-trial diversion	Pre-trial, other	Post-trial	Other CJS	Residential drug free community	Residential drug free jail	Outpatient drug free	Methadone	Other (e.g., intake, detoxification)
Alameda County	4%	23%	48%	24%[1]	78%[2]	0%	20%[2]	2%[2]	0%
Albuquerque	0	61	24	15[3]	5	7	18	62	8
Austin	0	3	97	0	4	8	74	13	0
Baltimore	0	100	0	0	0	0	0	25	75
Birmingham	-- 77 --		23	1	7	0	91	0	2
Boston - A	-- 61 --		40	0	49	26	19	0	6
Boston - J	NA[4]	NA	NA	NA	NA[4]	NA	NA	NA	NA
Camden County	64	0	36	0	23	0	75	1	1
Cincinnati	0	62	37	0	7	0	56	13	25
Cleveland	---23---		20	57[5]	20[6]	0	[7]	71	10
Compton	57	43	0	0	58	0	0	17	25
Dayton	1	60	40	0	2	0	77	5	14
Denver	10	3	85	2	45[6]	0	[7]	50	4
Detroit	0	22	0	78[8]	38	0	44	17	1
Indianapolis	----45---		54	0	55[6]	0	[7]	33	13
Kansas City	38	0	61	2	0	0	100	0	0
Marin County	46	5	49	0	74[6]	0[9]	[7]	5	21
Miami	6	77[10]	17	0	20	21	52	--8------	
Newark	NA[11]	NA	NA	NA	1	0	90	9	0
New York	100	0	0	0	21	0	36	42	1
Philadelphia	--41---		59	0	24	0	29	40	7
Richmond	0	82	16	1	26[6]	19	[7]	20	35

Footnotes are on the following page.

FOOTNOTES FOR TABLE 2

1. Pre- or post-trial status unknown.

2. Estimated.

3. Readmissions.

4. Boston TASC-J identifies juveniles in danger of becoming delinquent and refers them to one of the programs supported with TASC funds, including five youth advocate agencies, several demonstration projects and other programs reimbursed on a fee-for-service basis. For more detailed information, see Boston TASC-J summary in Volume III.

5. Transfers referred from clinics. May or may not be criminally involved.

6. Includes outpatient drug free.

7. Included with residential drug free.

8. Represents people arrested and released from criminal justice system.

9. Project reports 6 to 11 persons attending jail study groups. Unclear whether they are considered clients.

10. Includes all jailed clients, both pre- and post-trial.

11. Not available at time of interview. Project is primarily pre-trial.

Table 3. Client Characteristics and Staff Data

Project	Percent black	Percent male	Average age	Percent primarily abusing heroin	Average pre-TASC arrests	Total staff	Percent screening	Percent intake	Percent tracking	Percent management	Percent other	Staff-client ratio
Alameda County	63%	78%	27[1]	88%	NA	25	36%	20%	12%	24%	8%[3]	1:11
Albuquerque	2[3]	85	27	95	NA	8	37	0	38[4]	25	0	1:17
Austin	37	80	NA[5]	NA	NA	20	40[6]	40	5	15	0	1:10
Baltimore	98	97	22	NA	4+	13	23[6]	15	31[4]	23	8[7]	1:14
Birmingham	34	87	NA[8]	28	NA	16	44	0	25	NA	31[9]	1:14
Boston - A	50+	50+	22	NA	2-4	17	29	---24----		41	6[10]	1:8
Boston - J	37	42	15	NA	NA	14	NA[11]	NA	NA	NA	NA	1:15
Camden County	NA	NA	NA	NA	NA	18	22[6]	0	22	33	22[12]	1:5
Cincinnati	60	31	NA	68	NA	15	27[13]	---47---		20	7[14]	1:12
Cleveland	71	80	NA	80	NA	11	18[6]	0	18	18	45[15]	1:21
Compton	50	80	23	NA	NA	24	21	8	33	13	25[16]	1:1
Dayton	60	80	22	60	3 yr.	10	40	---20---		20[17]	20[18]	1:7
Denver	38	72	27	NA	NA	24	---46---		21[4]	33	0	1:3
Detroit	90	70	22	85	NA	27	19[6]	0	7	15	59[19]	1:1
Indianapolis	54	71	25	53	7	17	35	---18---[4]		24	24[20]	1:8
Kansas City	35	85	23	30	12	11	---36---		27	36	0	1:19
Marin County	NA	NA	NA	NA	NA	10	NA[21]	NA	NA	NA	NA	1:10
Miami	55+	82+	NA	82	NA	40	25	0	20[4]	10	45[22]	1:13
Newark	95	75	24	85	NA	32	------31[6]. --			22	47[23]	1:4
New York	52	77	NA[24]	99	4	6	50[25]	0	26/	50	0	1:12
Philadelphia	45	NA	27	NA	NA	14	21	0	36	29	14[27]	1:61
Richmond	72	81	NA[28]	83	NA	21	38	19	19[4]	14	10[29]	1:5

Footnotes are on the following page.

FOOTNOTES FOR TABLE 3

1. Estimated.
2. Lawyer and secretary in District Attorney's office.
3. Clients are 90% Chicano.
4. Includes research and evaluation.
5. 62% of clients are between 22 and 29 years old.
6. Includes urinalysis.
7. Public information component.
8. 60% of clients are under 21 years old.
9. Escort and management.
10. Escort.
11. Boston TASC-J is an administrative unit supervising the operations of several agencies to which TASC-J clients are referred.
12. Escort and court liaison.
13. Includes program and court liaisons.
14. Data analyst.
15. Court liaison and information analysis.
16. Compliance, escort, research/evaluation and deputy district attorney.
17. Includes tracking manager, who is also TASC Coordinator.
18. Includes clerical.
19. Outreach workers, court liaison, case aides and evaluation/research.
20. Court liaison and probation officers.
21. Personnel are not assigned to components, since many positions combine more than one TASC function.
22. Apprehension, vocational rehabilitation, jail treatment, escort and public information.

23. Includes career developers.

24. 75% of clients are between 21 and 30 years old.

25. Includes tracking.

26. Included with screening.

27. Compliance.

28. 66% of clients are between 21 and 29 years old.

29. Court liaison and probation officer.

- Is the TASC project located in a city with an LEAA High Impact Anti-Crime program?
- Has the project been visited by the System Sciences, Inc., TASC evaluation team?
- Does the average age, criminality or principal drug of abuse characterize a project's clients as substantially different from the clients at projects already selected?
- Does a particular stage of criminal justice processing or the variety of stages when the TASC intervention occurs make a project distinctive?

The ten projects selected for field work were Richmond, Cincinnati, Miami, Denver, Indianapolis, Marin County (California), Dayton, Alameda County (California), Kansas City (Missouri), and Birmingham. Field work was conducted between the middle of May and the middle of June, usually by a two-member team on site for two days.

The first of the two days was spent interviewing TASC staff members. The team spent the morning questioning the project director about the specific TASC activities as they interfaced with criminal justice processing and as they related to each other. Also discussed were the director's ideas about appropriate evaluation measures for TASC. During the afternoon the team divided to talk to the various staff members performing the screening, diagnostic, court liaison, evaluation and tracking functions.

The second day was spent exploring the TASC relationships with parts of the criminal justice system and with treatment programs. Usually, interviews were conducted with at least one judge, the district attorney, representatives of the probation and parole departments and the directors of several major treatment programs within the area. In some places public defenders, corrections officials, and criminal justice or drug abuse planners were also contacted. These interviews focused on understanding TASC's impact on the criminal justice system, treatment programs and the community. They also covered evaluation considerations, including identification of possible comparison groups which might be appropriate for TASC clients.

Information collected during the site visits appears on a project-by-project basis in the narrative descriptions which follow these introductory remarks and in the flow diagrams which comprise the second volume of this report. Not only did the site visits provide a depth of detail about each project; taken as a whole, the site visit process provided information about the diversity and similarity of TASC projects and general impressions concerning project strengths and weaknesses.

One of the most noticeable differences among projects was the way particular terms were used. In the descriptions of TASC projects the terms were standardized as much as possible. Words which were likely to create confusion and required clarification included:

- Diversion: At some TASC projects "diversion" was used to refer to any strategy which represented an alternative to conventional criminal processing. Unless otherwise indicated, in the program narratives which follow, "diversion" refers only to pre-trial diversion, a post-arraignment process in which an individual agrees to participate in a program during which time prosecution is held in abeyance. Successful program completion in the specified time period results in the dropping of the criminal case (and possibly, expungement of the record); failure in the program prompts resumption of prosecution.

- Pre-trial: Some projects called the program "pre-trial" if identification and diagnosis occurred prior to trial but placement in treatment occurred after a finding of guilt. Other projects used the same term to describe the complete TASC process from identification through placement in treatment when it all occurred prior to adjudication. The TASC intervention description of each project narrative reflects the distinction made above, since different measurements and assumptions may be appropriate to each strategy.

- Client: At some projects the status "client" referred to arrestees who signed a consent to urinalysis and were found to be drug-dependent. "Client" elsewhere may apply to those identified and diagnosed for later placement in treatment. Or it may describe only those individuals released by the criminal justice system for diagnosis. At some projects only those persons placed in TASC-assigned treatment are referred to as "clients." Project narratives identify when drug-dependent persons become TASC clients.

- Intake: At some projects intake is used as a synonym for TASC admission procedures used as a part of the initial screening interview, or for a particular treatment program's admission procedures used upon receiving any new client. The project narratives and flow diagrams use intake to refer to the interview and in some cases, diagnostic work performed in preparation of a TASC treatment recommendation.

To the extent possible, criminal justice terminology which was particular to a jurisdiction and which did not cause confusion about TASC was used in the project narratives and flow diagrams.

TASC projects varied, too, along a spectrum of active to passive in their relations with the criminal justice system and with treatment programs. Projects characterized as active had screeners working closely with the jail staff or solicited the advice and support of judges on an individual basis. Projects which were passive perceived the criminal justice system as a constraint: the system controlled the level of referrals to TASC for services and TASC was powerless to produce changes. Similarly, TASC projects ranged from active to passive with respect to treatment programs.

Those which were active had trackers who monitored the services provided TASC clients, promoted improved accuracy in treatment program records, and involved themselves in resolving client conflicts at treatment programs. Active diagnostic units acknowledged a project's indirect power over treatment programs by channeling TASC clients away from those with inadequate services or low retention rates. Projects adopting a passive approach toward treatment had less direct contact with the program staff and TASC clients.

The decision-making process in the determination of who was TASC-eligible differed from project to project. In some cases, the screeners examined the booking list at lock-up to learn arrestees' current charges and only approached for interview those charged with property crimes commonly associated with drug abuse. At another project a prosecutor's approval might be a prerequisite for TASC processing or the arraigning judge's bail decision be required. TASC projects varied considerably, too, in the ability to articulate the eligibility criteria used by the project and the extent to which the TASC determination of eligibility was contingent upon criminal justice decision-making.

Decision-making in another area was sometimes vague. The diagnostic decision to refer a TASC client to a particular treatment modality or a specific program was often based on different factors, depending on the project. In some places the location of a clinic and the client's preference of modality was emphasized. In other cities a psychologist's assessment of a client's strengths and weaknesses or the lack of alternatives became the basis of a treatment recommendation. Often it was difficult for the project to state with precision the basis for treatment referrals.

Staff training, program analysis and overall management were other aspects in which projects demonstrated variations in quality. At some projects staff were given on-the-job training and an orientation to overall TASC project operations. Some projects regularly analyzed data on client flows and losses through TASC and costs of particular TASC activities. Checks of the effectiveness of project components (i.e., screening) were regular features of project operations elsewhere. Many projects, however, did not regularly either gather information necessary for such analyses or analyze the information.

ORGANIZATION OF REPORT

Volume I, "Project Narratives," contains descriptions of the projects visited during the second part of the Phase I study. Ten chapters in the first volume of this report follow. Each chapter describes one of the ten cities visited: it contains introductory material, an intervention description, a discussion of possible evaluation measures and appropriate appendices of supporting material.

Volume II, "Flow Diagrams," contains ten flow charts to complement the narrative descriptions of intervention activities in Volume I. The

program narratives and flow diagrams are bound separately so that the reader can use the two formats simultaneously, if desired.

Volume III, "Selected Background Material," contains summaries of the information obtained from each of the projects contacted by telephone only, comments concerning difficulties encountered in obtaining the requested data, the telephone interview guide and the interview guides used during the site visits.

CHAPTER IV

MIAMI TASC

INTRODUCTION

The Miami Treatment Alternatives to Street Crime (TASC) program is designed to identify drug-abusing arrestees and divert them to either jail treatment or one of the Miami community's drug treatment programs. Clients may be referred to treatment prior to or after disposition of the charges against them. As of April 30, 1975, 82 percent of all persons admitted to TASC had come through one of several pre-trial processes, while 18 percent had been referred post-trial.

Pre-trial routes clients may pursue in entering the TASC program include:

- through the court-administered Pre-Trial Release Program (PTR);
- through the court-administered Pre-Trial Intervention Program (PTI); and
- through court-ordered release to TASC custody.

Clients entering TASC may be channeled to either community-based or jail treatment. TASC had processed 987 persons through intake to community-based treatment programs as of April 30, 1975, including 54 during April. These clients have been screened into the program by TASC screeners located primarily at the Miami City Jail and appeared at the Central Intake Unit for a diagnosis of their treatment needs. The programs' clients are largely black males between the ages of 21 and 30, and a great majority have been heroin abusers.

Much of the treatment of TASC clients is conducted by TASC personnel within the Dade County Jail. As of April 30, 1975, 1120 clients had been in jail treatment, with 119 participating at that point in time. This jail treatment is entirely drug-free, and considered as a separate modality, treats 21% of all TASC clients in treatment.

The objectives of the Miami TASC program, according to the director, are to identify drug-abusing arrestees, and to screen the proper clients to the appropriate treatment modality. The overall goals of the program are deemed to be:

- reducing of the burden on the criminal justice system;
- decreasing of the criminal behavior of TASC clients;

- maximizing of length of time in treatment; and
- changing the behavior of TASC clients.

Additional goals are: increasing community involvement in the corrections process, developing the functioning of TASC as a catalytic agent between the criminal justice and drug treatment communities, and legitimizing the relationship between drug abuse and crime.

The Miami TASC program became operational on November 19, 1973. A $50,000 planning grant had been awarded a year earlier, which allowed time for planning and the establishment of community support. The TASC director conducted a large community awareness campaign during this period with Miami community leaders, judges, the police, and the probation and parole department. This campaign, called "The Miami Connection," encouraged community input and involvement in the planning of TASC program operations.

When TASC's $50,000 planning grant expired, a grant of $585,702 was awarded on November 1, 1973, by the Law Enforcement Assistance Administration. TASC was later extended at the same amount for a second year, although money was substantially shifted within that allocation, especially to add support for the jail treatment unit. TASC received $60,538 in local matching funds and $154,647 in county in-kind contributions for the first grant and a similar amount for the extension period. TASC falls under the administrative supervision of the Comprehensive Drug Program (CDP) which coordinates all treatment activities in Dade County. The CDP is a branch of the Addiction Treatment Agency (ATA), part of the Human Services Administration in the County Manager's Office.

PROJECT ORGANIZATION

The Miami TASC project has five major operational components:

- screening,
- intake,
- tracking, evaluation and research,
- vocational rehabilitation, and
- jail treatment.

Intake of TASC clients eligible for community-based treatment is performed by the Central Intake Unit (CIU), which performs the same function for all of Dade County's drug treatment programs. The CIU is funded under a staffing and service grant from the National Institute of Mental Health (NIMH). No financial arrangement exists between the CIU and TASC.

Evaluation and research is done in conjunction with the Comprehensive Drug Program's research and evaluation unit. As with the Central Intake Unit, TASC does not have a specific contract with this unit. The relationship is a symbiotic one: TASC provides researchers located at the University of Miami operating under several research grants with data and they provide TASC with analyses of that data.

Other activities a part of the TASC program are overall management and administration, escort and apprehension units, legal services, and a public information officer. The escort and apprehension units are operated on a cost reimbursement basis. The two men from the Corrections and Rehabilitation Department who form the apprehension unit are contracted to TASC and have their salaries paid through inter-departmental voucher. However, Corrections provides these men with training, firearms, and an automobile, and may enforce disciplinary procedures against them.

Legal services are also provided TASC clients on a contractual basis. TASC pays one attorney a retainer fee of $16,000 a year. He represents TASC at court appearances of all TASC clients and participates in all negotiations with probation and parole representatives.

The distribution of staff and funds by component is shown in the accompanying table.

Screening

The TASC screening unit is located at Miami's central booking and holding facility, where arrestees from all 28 municipalities and unincorporated areas in Dade County are processed. The screening unit is integrated into the regular booking system, and it operates 24 hours each day, seven days a week. The official booking log is used to ensure that all potential TASC clients are interviewed. All names in the log must either be checked as interviewed, or reasons for their not being interviewed must be recorded.

There are a number of reasons why some arrestees may not be seen: some bond out very quickly; some bond out at the police station and never reach the jail; some are seriously injured or have a physical problem and are transferred immediately to receive health care; others are deemed to have psychological problems and are transferred to a "safety cell" very quickly. There are of course many arrestees whose charge essentially screens them out: those charged with violent crimes, multi-offenders, drinking misdemeanants; fugitives from out of state; traffic violators; military prisoners. TASC's screening process has recently become more selective. In the past TASC screeners vigorously recruited clients, attempting to convince them to volunteer for the program. The approach taken now, however, places more of a persuasive burden on the potential client. Interviewees now must convince TASC screeners why they should participate in the TASC program. According to the screening unit director, TASC interviews approximately 900 of every 2,000 clients who reach the back booking desk at the jail.

Urinalysis is not conducted as a routine part of the screening process. It is currently being de-emphasized because the cost of screening all applicants was prohibitive. TASC now believes that interviews and self-admissions will be sufficient to identify TASC-eligible clients. However, mass urinalysis screens are still conducted once per week, on random days, as part of the ongoing epidemiology study conducted by TASC and the Addiction Treatment Agency's research and evaluation unit. The results of these screenings are also used to check the success of TASC screeners in interviewing all potential TASC clients.

Component	Current Staff		Budget		Expenditures
	No.	Percent	Amount	%	Percent
Screening	10	25%	$124,000	26%	25%
Tracking,* Evaluation and Research	8	20	80,000	17	17
Jail Treatment	9	22	109,000	22	23
Vocational Rehabilitation	4	10	60,000	12	12
Other:					
Apprehension	2	5	27,000	6	6
Escort	2	5	16,000	3	3
Public Information	1	3	17,000	4	4
Administration	4	10	50,000	10	10
SUBTOTAL	40	100%	483,000	100%	100%
Other Funds**	-	-	167,000		
TOTAL	40%	100%	650,000		

Source: Miami TASC.
*Includes two people stationed at Central Intake Unit.
**Includes funds allocated for: contractual services (urinalysis, attorney); indirect costs; travel; equipment; and fringe.

Intake

The function of intake is to conduct examinations and interviews to assess each client's potential and suitability for the different modalities of treatment available. All potential TASC clients who may enter community-based treatment (rather than remain in jail treatment) must be processed through central intake. All those arrestees released for community treatment must meet the Pre-Trial Release Acceptance criteria: non-violent crime, non-multi-offender, and sufficient evidence of community ties.

The Central Intake Unit (CIU), to which TASC refers its potential community-based treatment clients, is operated by the Miami Comprehensive Drug Program. It serves all drug treatment program clients in Dade County. According to the director of the CIU, 20-25 percent of all clients processed there are TASC clients.

The final step in the intake process is referral of the client to the appropriate treatment program. This referral is usually made by the CIU interviewer, but the referral is then reviewed by two TASC staff members co-located at the CIU. They then arrange for the client's transportation to the treatment program for its normal intake procedures.

Tracking, Evaluation and Research

The tracking unit is responsible for closely monitoring client progress in treatment through daily contact with treatment program staff. As of April 30, 1975, the unit was tracking 537 TASC clients. If a client leaves treatment, it is the tracker's duty to attempt to contact the client and arrange an evaluation meeting between the client, his treament program counselor, the TASC tracker, the head of the TASC tracking unit, a CIU representative, and any probation officer who might be involved. The tracking unit is also responsible for keeping track of all client court appearances and relaying this information to the client's treatment program.

Tracking of a client continues until termination for any reason--when the client leaves a treatment program successfully or unsuccessfully or when the criminal justice hold on the client ends, even though he may remain in the same treatment program.

Evaluation and research is conducted by TASC in conjunction with Addiction Treatment Agency's research unit. That unit has designed interview forms which are administered to potential TASC clients as part of the screening process. Data collected on this TASC jail epidemiology questionnaire is used in various research and evaluation activities.

Vocational Rehabilitation

The vocational rehabilitation unit is designed to serve the vocational needs of all TASC clients who are deemed ready for such services. Vocational services of all types are provided, either directly or by referral, including assessment, testing, work orientation, educational training, skills training, job development, and placement. The unit has developed relationships with numerous county, State, city and private schools and agencies in the Miami area.

Jail Treatment

The jail treatment unit devises treatment plans for all TASC clients who are either detained in jail awaiting trial or already sentenced. This unit encompasses space for TASC clients at the Dade County Jail, the Women's Detention Center, the Stockade (which holds clients whose sentences range up to one year), and the North Dade Regional Correctional Center. In addition to performing actual treatment services, drug-free, the unit brings community drug treatment staff into the jails to counsel prisoners and motivate them to enter community-based treatment programs when and if they are released.

Other TASC Staff

The apprehension unit is activated when a TASC client who has escaped or left treatment, or refused re-entry into the criminal justice system, must be searched for and found. The two staff members are actual Corrections and Rehabilitation Department officers with arrest powers. The escort unit takes clients from their bond hearing to the Central Intake Unit for diagnosis and referral to an appropriate treatment program, and then to the treatment program itself.

The Public Information and Training Coordinator is responsible for staff training and education of the community about the TASC project. TASC offers the services of this person to the general community, including area treatment programs.

Facilities

TASC staff are located at the following facilities:

- the central administrative headquarters;
- the screening units at the Dade County Jail;
- the Central Intake Unit; and
- jail treatment units:
  - Dade County Jail
  - Women's Detention Center

- Stockade (minimum security)
- North Dade County Detention Center.

INTERVENTION DESCRIPTION

Miami TASC is designed to intervene in the regular criminal justice process by identifying eligible drug-abusing arrestees, performing diagnostic intake services, referring clients to treatment, and monitoring their progress during the course of treatment. The flow of people and information through the Miami TASC system is depicted in the flow diagrams section of the report. The following discussion describes the Miami TASC project in greater detail.

Initial identification of drug abusers may occur during the normal booking process at the Dade County Jail or at the North Dade County Detention Center. Clients may also be referred to TASC through the Pre-Trial Intervention Program or the Pre-Trial Release Program. After trial, clients may also be probated with the condition that they participate in TASC, or probated and then merely referred to TASC. On rare occasions, persons who have not been identified as drug abusers earlier in the criminal justice process may volunteer for TASC at the post-trial stage.

Most of the initial screening for TASC is conducted at the jail screening unit, which is integrated into the regular booking procedure. TASC's screening unit is located near the back booking desk in the jail. Those arrestees not charged with a felony or serious misdemeanor, but arrested on charges like public drunkenness, loitering, and traffic violations are sent to the front booking desk. They have no contact with the TASC screeners.

Those arrestees processed at the back booking desk are regularly routed to the TASC screeners, who conduct preliminary interviews to identify drug abusers interested in TASC. According to the screening unit director, urines are taken on those who volunteer. The interview usually lasts 15-20 minutes. The screener explains the TASC program and if the client then refuses the program (or refuses to give a urine sample) contact is terminated. Otherwise, the screener asks the arrestee for a brief drug abuse history, while attempting to assess his physical, psychological and social characteristics. The jail interview form denotes: whether the arrestee refused an interview; race; drug of abuse; extent of present use; whether the arrestee refused or volunteered for TASC; the urine reading; and the interviewee's jail number. Persons then determined not a drug abuser eligible for TASC are excused. If eligible based on drug abuse history, the person is asked to sign a consent to TASC participation and limited waiver of confidentiality form. Signature authorizes or represents:

- release by TASC and the treatment program of information indicating success or failure in treatment or violation of conditions of release from confinement;

- release of all arrest and offense reports and records to TASC;
- waiver of a speedy trial if prosecution is deferred;
- waiver of immediate sentencing if judgment or sentencing is deferred;
- performance of comprehensive diagnostic evaluation by the staff at the Central Intake Unit.

If the interviewee refuses to sign these forms, the interview is terminated. The person is also asked to sign a drug study consent form authorizing confidential release of urinalysis results and information on a Comprehensive Drug Program study questionnaire for the Comprehensive Drug Program's epidemiology study. The forms the interviewee signs include the names of people to whom the information may be released. According to the screening unit director, all categories are always checked off. At the conclusion of the interview, after a client has volunteered for TASC, the jail interviewer fills out a TASC Volunteer Information Form, which lists: first year of opiate abuse; employment status; date of birth; attorney; date of arrest; charges; whether the person has a detoxification problem; whether he signed each form; whether a urine report was made; and his jail number.

Immediately before the bond hearing, arrestees are interviewed by court-administered agents to determine eligibility for the Pre-Trial Release (PTR) Program. This program essentially determines which persons are eligible for release on recognizance (ROR). The PTR Program acts as a bonding agent, although no money actually changes hands. Bond hearings are held three times daily, once each Saturday and Sunday. A TASC representative appears at the bond hearing and informs the presiding judge of those clients which TASC wishes to take. The TASC screener may have decided not to take some clients who volunteered because he viewed them as bad treatment risks. Other clients who volunteered may be judged appropriate for jail treatment, but not community based treatment.

The results of the bond hearing can vary: the judge may bond a person conditional on TASC participation; he may bond someone out with no conditions; or the client may be unable to make bond. According to the TASC tracking unit director, those persons eligible for TASC and the Pre-Trial Release Program used to be bonded to the joint custody of PTR and TASC, but now TASC gets sole custody of these individuals. TASC statistics indicate that at the bond hearings, approximately half the TASC clients are released and half are detained.

Those drug-abusing clients who have volunteered for TASC and cannot make bond or those deemed appropriate by TASC screeners for jail treatment are referred to one of the TASC jail treatment units. These clients referred to a jail treatment unit of course do not go through the Central

Intake Unit. All treatment in the jail units is of a drug-free nature. Clients first undergo detoxification, assisted by valium, in cells apart from the regular TASC treatment cells. After detoxification is completed, all clients are held in designated TASC cells. There they receive individual and group counseling. The jail units are operated as therapeutic communities, with each inmate responsible for certain duties. The TASC tracking unit keeps records on all clients in jail treatment, including notations when clients change cells. Tracking is also responsible for keeping aware of these clients' court appearances.

A TASC attorney appears as amicus curiae, or friend of the court, at all court appearances. This attorney is a member of the firm of Pertnoy, Spaet, and Greenberg. The firm also represents clients for the Comprehensive Drug Program. It is paid for its services by TASC on an annual retainer basis. However, it never personally represents TASC clients in court.

TASC's jail treatment clients will of course be terminated if they are found not guilty at trial. If convicted, they may be sentenced to the stockade treatment cells, a minimum security facility for people serving sentences of one year or less. They may also be probated to TASC to continue receiving treatment. In this instance, the probated person will undergo diagnosis at the Central Intake Unit and enter community-based treatment.

Sentencing decisions made by judges are based on pre-sentence reports prepared by the State Attorney's Office. These reports reflect information contained in letters TASC sends the Attorney's office describing the convicted person's progress while in TASC jail treatment.

In addition to getting clients at the bond hearing stage, TASC may also pick up clients after the preliminary hearing-arraignment stage. It is at this point that TASC officially picks up clients who have been processed into the Pre-Trial Intervention Program. Those people eligible for the Pre-Trial Intervention Program (PTI) are first offenders, misdemeanants or third-degree felons who are 18-25 years old and who have obtained the consent of the arresting officer, the prosecutor, the defense lawyer, and the victim. Potential PTI enrollees are interviewed by court-administered persons, who send letters to the State Attorney whenever a PTI recommendation will be made to the judge. Prosecution is abated and the client signs a waiver of speedy trial. The client remains in treatment 3-6 months, at which time the prosecutor may ask the court to nolle prosse, or drop, the case. However, if the client is re-arrested within two years, the state may re-file the original charge.

TASC and the PTI Program often identify the same arrestees. TASC screeners now refer some persons to PTI interviewers if they believe they are appropriate for the PTI Program. According to TASC staff, PTI now has the status of a licensed drug abuse treatment program for

minor drug abusers (e.g., marijuana and pills). Like TASC, PTI is a strictly voluntary program. Clients may participate in both TASC and PTI simultaneously, or just PTI. However, it is unlikely that a minor drug abuser will participate in TASC without also being in PTI, since TASC's drug treatment referral sources are largely for abusers of heavier drugs.

A person officially becomes a TASC client when TASC takes custody of him, whether at bond hearing, at the jail, or at arraignment. The tracking unit becomes involved at this point with those clients released to TASC. At that point, clients deemed appropriate for community-based treatment are accompanied to the Central Intake Unit (CIU) by TASC's two escort drivers in order to prevent client "loss" at this stage. On occasions where the CIU cannot see a TASC client immediately after release, the client may: be held in a TASC treatment cell at the jail temporarily; be escorted to a TASC temporary holding unit (part of a residential treatment program's facility); or, in rare instances, released and told to appear at the Central Intake Unit for an interview at a specific time. If a client refuses to go through CIU or does not appear for the scheduled interview, the client is terminated and the court is notified to resume legal processing.

Two TASC staff members are stationed at the CIU, and they first interview all TASC clients who are referred there. All TASC clients carry a comprehensive identification information form to the CIU. After the initial interview, clients undergo standard intake procedures performed by CIU staff. Clients complete the regular interview, undergo urinalysis, a medical examination and psychological testing. The CIU staff, together with the TASC staff located there, and the client, decide on the treatment program to which the client will be referred. All CIU processing is attempted to be completed within one day. If this is not possible, a person is "held" overnight at a treatment program or released to go home and brought back by the escort unit to finish the processing the next morning.

TASC refers clients to many Miami area treatment programs, which offer a wide range of modalities, e.g., residential drug free, outpatient drug free, methadone maintenance, and detoxification. As of April 30, 1975, there were 418 TASC clients in community-based treatment programs. There were 31 clients in methadone maintenance programs, 281 in outpatient drug-free treatment, 106 in residential drug-free programs, and none in detoxification programs.

After an appropriate referral to one of the community programs is decided upon, the TASC staff members at the Central Intake Unit make arrangements with the treatment program and ensure that the client is transported there. The client goes through the program's regular intake and diagnosis procedures to determine the specific treatment regimen.

appears as amicus curiae, or friend of the court, in all court appearances. This TASC attorney then transfers the information to the client's personal attorney and appears in court ready to support TASC recommendations. Because the TASC attorney also represents Comprehensive Drug Program clients under a separate contract with the CDP, the retainer TASC pays him covers his services for community-based treatment clients only until those clients reach the Central Intake Unit.

One aspect of "treatment" carried on by TASC is vocational rehabilitation through its own vocational rehabilitation (VR) unit, whose main objective is to try to provide the client with a marketable skill. When a treatment program counselor deems a TASC client ready for some form of vocational assistance he sends the client to the VR unit. If the interviewer there, after a vocational assessment, feels the client is not yet ready, he sends the client back to the treatment program with the assessment information collected in case the treatment program wishes to use it.

The first step at the VR unit is the client's filling out the comprehensive VR application, which asks for a variety of questions concerned with: work history, family relationships, educational background, vocational interests, and skills. Tracking will have provided the VR counselor with information on the client's drug and legal history.

The vocational rehabilitation counselor is particularly interested in whether the client may be eligible for some type of benefit, such as VA benefits or welfare. The VR counselor tries to take care of any conditions which may interfere with vocational planning, whether it be day care for children or transportation. The counselor reviews every answer with the client and also checks back with past counselors the client may have had at previous vocational programs and the current treatment counselor. As a result of this interview, the VR counselor writes up an intitial vocational assessment of the client. He also encourages the client to take a General Aptitude Test Battery Examination and the California Opportunity Preference Survey. After the client takes these tests on a second day, the VR counselor discusses the results in the context of the client's vocational interests.

On a third day, the counselor writes up the client's vocational plan, asks the client to review the Occupational Outlook Handbook on file in the VR office, and together they review the client's choices based on all background material. The counselor discovers if the client needs any kind of maintenance and tries to determine how long the client will remain in a program. Based on this and all the other information, the counselor will, together with the client, pick an appropriate program. If the client lacks educational training necessary for his vocational field or professes interest in continuing education, the VR counselor attempts to place the client in a local school.

As an important aspect of the VR process, the client must sign a formal contract with the VR unit. This contract lists the client's name,

social security number, age, years of education, treatment program, treatment stage, and vocational objective. It describes the actions the client has agreed to take to reach that objective, and states that if the client does not perform all obligations enumerated in the contract, such noncompliance may result in: temporary suspension or permanent revocation from TASC vocational services, termination from TASC, or retardation of progress toward graduation and/or completion of the treatment program. The client and the TASC vocational counselor sign the contract. The client also signs a waiver of confidentiality so that the VR counselor may use any appropriate information to place the client in training or a job.

For those clients who are placed in a training program of any type, progress report forms are sent to their instructors or supervisors. These forms describe the client's experience in training, including: regularity of attendance, rate of progress, quality of work, cooperation in training, difficulties encountered, grades received, time necessary to complete program, and recommendations for improving performance. These progress reports are then sent back to the client's TASC vocational counselor.

Any VR client who desires and is ready for job placement, must first attend a two-week job orientation course conducted by the VR supervisor. This course instructs the client in resume writing, how to take an interview, and how to make an appointment. The VR unit receives information from the Florida Employment Commission (FEC) regarding the listings in the FEC Job Bank. However, the actual contacting of employers is done by the client's TASC VR counselor. According to the VR director, 80 percent of the clients who have been through the job orientation course have gotten jobs. For working clients, job supervisors fill out monthly work progress reports measuring: the client's attendance; quality of work; ability to follow instructions; and difficulties on the job. In addition, the supervisor records recommendations for how the client can improve work performance.

This unit is constantly in contact with tracking. While clients are in training or working, VR counselors do their own monitoring but all information is passed on to the tracking unit. If a client quits a training program or job, the VR unit usually finds out quickly from the client's treatment program or employer. If this occurs, the client has violated the previously signed written contract and the VR unit terminates its involvement. In addition, clients are deemed to be unsuccessful if they: fail to keep three consecutive pre-arranged job interview appointments; have been terminated on three consecutive jobs in spite of the VR counselor's efforts to solve vocational problems; or, have had three unexcused absences from a training program.

If TASC has to drop a client while the client is in training because the criminal justice hold has ended, the TASC VR unit attempts to secure some financial aid for the client from any possible source.

All the time a client is being served by the TASC vocational rehabilitation unit, association with the treatment program is maintained. Because the client is thus still in the community-based treatment setting, tracking regularly monitors the client's progress. Tracking of TASC clients continues until termination occurs for any reason: a client leaving treatment against advice; return to the criminal justice system; rearrest; release from the criminal justice system hold; transfer to another jurisdiction; transfer for medical or psychiatric treatment; escape; or "success," which is defined as successful completion of treatment.

At the point of successful completion of treatment, clients may have their cases dismissed or may have adjudication indefinitely suspended if they have been in the Pre-Trial Intervention Program. In both cases, their involvement with TASC is terminated. TASC clients may go to trial, be found guilty, and be probated to TASC. If acquitted, they are released and TASC responsibilities end.

If a client is already on probation, at the conclusion of successful participation in a treatment program, the client's success is reported to the appropriate probation officer. This officer will usually recommend to the court that the period of probation be ended at that time. The possibility of shortened probation provides an added incentive to clients for successfully completing treatment.

POSSIBLE EVALUATION MEASURES

Several types of evaluation measures could be developed for the Miami TASC project, including:

- flow measures, including TASC's effectiveness in identifying all potentially eligible clients and offering them treatment as well as retention measures at various stages of TASC processing;
- client outcome measures, including development of comparison groups of people who did not receive TASC's services but who are otherwise similar to TASC clients;
- cost measures, such as the unit cost of providing various services, the cost of achieving certain changes in clients' rehabilitation levels, or the TASC cost compared with alternative ways of dealing with TASC clients (i.e., by normal criminal justice system processing); and
- measures of TASC's relationships with, and impact on, the surrounding community, particularly the criminal justice system and treatment programs.

The Comprehensive Drug Program's research and evaluation unit, which analyzes data gathered by TASC screeners during screening interviews, is currently undertaking some of these types of evaluation efforts.. Data collected is divided into five sections and used to:

- examine the social and demographic characteristics of the arrested population;
- examine the extent of drug abuse in the arrested population;
- examine the types of drugs used by TASC jail treatment cell admissions compared to the drugs used by the remainder of the arrested population;
- compare the social and demographic characteristics of regular alcohol users, drug users, and non-drug users in the arrested population;
- compare the social and demographic characteristics of TASC jail treatment cell clients to other drug users and non-drug users in the arrested population.

The questionnaires completed in screening are transmitted to coders, who code the information to data forms, to keypunchers, and to programmers. The computers then machine edit the data as a major check, and results are reviewed by a research assistant who then transfers them to a principal investigator.

Flow Measures

Table 1 indicates the client flow data which are available for the Miami TASC project. As shown, the major gaps in the flow data are for the categories related to the incidence of drug abuse among arrestees; and the reasons why clients drop out at various stages of the process. The former information is available only during the periods when TASC is conducting mass urinalysis screens.

A variety of measures can be developed using flow information. These measurements concern the thoroughness of TASC screening, the extent to which judges follow TASC recommendations, the relationship between the screening and referral efforts, the performance of clients depending on their legal status and the continuity of treatment.

One important flow indicator of TASC's impact is whether it contacts all potentially eligible clients. Since the screening unit does operate 24 hours-a-day, it is possible to determine whether all charge-eligible arrestees are being identified by TASC staff. According to TASC's screening unit director, TASC receives xeroxed copies of the official police booking

Table 1

Summary of Client Flow Information

Item: number of	Data Available Yes	No
Arrests	X	
Drug abusers		X*
Drug abusers eligible for TASC		X**
Eligibles interviewed by TASC	X**	
Eligibles not interviewed by TASC		
by reason	X**	
Arrestees bonded to TASC	X	
by release status	X	
Eligible drug abusers not bonded to TASC	X	
by reason		X
TASC clients reaching Intake	X	
by referral source or release status	X	
TASC clients not reaching Intake	X	
by referral source or release status	X	
by reason for failure to show	X	
TASC clients not completing Intake	X	
by reason	X	
by referral source or release status	X	
TASC clients referred to treatment	X	
by modality	X	
TASC clients appearing at treatment	X	
by modality	X	
by referral source or release status	X	
TASC clients not appearing at treatment	X	
by modality	X	
by referral source or release status	X	
by reason for failure to show		X
TASC clients in treatment at point in time	X	
by length of time	X	
by modality	X	
by referral source or release status	X	
TASC clients leaving treatment	X	
by reason		X
by modality	X	
by program	X	
by referral source or release status	X	

* Data available only during period when mass urinalysis screen is conducted at county lock-up.

**Data is available on the number of persons eligible by type of

log. Each person interviewed is checked off. TASC screeners attempt to trace and interview everyone who is missed. However, if an arrestee cannot be interviewed, that too is supposed to be checked off, as well as the reason for the interview's not occurring. Screeners also check those arrestees whom they do not want to talk to, with a reason for that decision. The screening unit director compares check-offs on the booking log to a TASC interviewing log to make sure the two correspond. Thus, screeners missing many TASC-eligible clients can be easily identified in this way.

Another type of measure based on client flow information concerns the extent to which judges follow the TASC program's recommendations. The measurement can be made for pre-trial recommendations, post-trial suggestions and on a judge-by-judge basis. A measure of judges' reliance on TASC recommendations can be based on one of two comparisons: (a) the number of arrestees recommended for pre-trial release to (b) the number actually released to TASC; or (a) the number of guilty defendants TASC recommends for probation to (b) the number actually probated. In similar fashion, a measure of each judge's willingness to use TASC can be calculated.

Flow data can be developed to compare the number of indivduals interviewed to the number of persons placed in treatment. However there may be problems interpreting this ratio at one point in time and for a single project, since there is no a priori expected value and since the comparison is affected by factors which may be considered to be outside TASC's control (i.e., the ease with which the local criminal justice system can release clients to TASC for treatment placement).

The strengths of the inducements or threats offered by the criminal justice - TASC interface can be measured with flow data from several stages in TASC processing and for individuals with differing legal statuses.

Another measure based on flow information indicates to what extent TASC provides continuity of treatment for clients through various stages of criminal justice processing. The flows for a TASC cohort identified by its members' need for pre- and post-trial treatment can be traced to determine the percent of the cohort members receiving pre- and post-trial treatment and to determine the reasons why the other members did not receive continuous services through TASC.

Retention in treatment and completion of all TASC conditions could also be considered flow measures of interest.

Client Outcome

An assessment of client outcome is to some extent an assessment of the effectiveness of treatment as well as effectiveness of TASC. It is difficult to tell whether a client in community-based treatment fails due to a poor referral by TASC, poor treatment by the treatment program or for

some other reason. However, judgments of TASC's impact must include consideration of whether TASC clients experience long-run rehabilitation or whether any improvement in their behavior during the period of TASC tracking is merely a temporary phenomenon.

TASC does have control over clients in jail treatment. However, the argument can be made that TASC has little contool over community-based treatment programs, since it does not fund them, and therefore should not be held responsible for failures of treatment. The counter-argument can also be made that a great referral system will have little impact, and therefore should not be supported, if the available treatment is inadequate. Moreover, although TASC cannot exert funding pressure on treatment programs, it can exert some influence through its power to channel client referrals to programs responsive to its needs.

Although data are available for such client outcome measures as arrest rate, drug use and employment during the period of TASC tracking, no such data are readily available for later time periods. Most treatment programs probably have such data only for the time a client remained in treatment and have little information on post-treatment progress.

A follow-up study of TASC clients could be initiated to obtain data through personal interviews with former clients, but this is likely to be an expensive process. Researchers would like to conduct a follow-up study on TASC clients, but do not currently have the resources necessary for such an effort. Obtaining follow-up data from existing records would be a much cheaper process, if appropriate records existed and access to them could be obtained. One possibility would be to focus follow-up analysis on rearrest rates, which could probably be obtained through the local criminal justice system. To obtain complete information may require the meshing of three separate sets of records:

- police records on arrests;
- court records on the disposition of cases; and
- probation records on progress while under probation supervision.

In addition to the possible problem that these records may be incomplete or otherwise of poor quality, the records would probably not indicate any criminal activity which occurred outside the Miami area. Also, of course, the records would not indicate any criminal activity which did not result in an arrest. Such information might be obtained through properly structured interviews with former TASC clients.

An additional consideration in analyzing the long-run outcomes of TASC clients is assessment of their probable outcomes in the absence of TASC intervention. Such assessment requires development of comparison groups of people who are similar in many ways to TASC clients but who did not participate in TASC. Possible comparison groups for Miami TASC include:

- people with drug abuse problems who are on probation but not in TASC;
- treatment program clients who are under criminal justice system pressure but are not in TASC;
- people processed by the criminal justice system before the TASC project began who would have been eligible for TASC had it existed; and
- detained or convicted persons who have been involved with drugs but are not participating in TASC.

There are conceptual and practical limitations to the use of each of these comparison groups. One conceptual problem is that people are not in TASC for a variety of reasons, and these reasons may themselves affect their rehabilitation. For example, people who rejected TASC may be less motivated than TASC clients; or they may have had relatively light charges and felt they had little to gain in court from TASC participation. Other reasons may or may not affect rehabilitation; some drug abusers are not referred to TASC because their current charge makes them ineligible. An additional problem is presented by selection of a comparison group from the pre-TASC period--i.e., the passage of time itself has changed the environment within which rehabilitation occurs. Changes in law enforcement efforts, in the local drug situation or in other areas may have affected rehabilitation rates more than the presence or absence of TASC.

The major practical problems center around identification of the specific individuals who would comprise these comparison groups, as well as the quality and accessability of existing records. The usefulness of treatment program records to identify clients under criminal justice system pressure is limited. Probation records will not systematically record whether a probationer has a drug abuse problem and limiting the comparison group only to people with drug charges would in turn limit the group's comparability to TASC clients. Individual probation officers could be polled about current or past clients with drug problems, but this would be a haphazard way to define the group, particularly since turnover within probation departments tends to be high. Similar problems arise in determination of drug-dependent arrestees for the pre-TASC period.

Cost Measures

Both cost-efficiency and cost-effectiveness measures could probably be derived, if adequate time were allocated to the problem, for measuring Miami TASC. Unit costs of services, cost per client screened, cost per client referred to treatment, etc., could be calculated, as well as the cost of achieving various levels of improved client outcomes (if appropriate client outcome data were developed). However, the fact that some services (e.g., Central Intake Unit, evaluation) are not included in the TASC budget complicates cost analysis.

Community Relationships and Impact

Because of the great emphasis Miami TASC placed on establishing good community relationships, it is appropriate to measure those relationships and TASC's impact on Miami's criminal justice system.

One measure of impact is the costs TASC has saved the criminal justice system. This could be looked at in terms of: reduced days of incarceration; the decrease in the number of jury trials; a client's time in court before and after TASC involvement began; and, arrest costs based on the number of yearly arrests TASC clients averaged before their involvement in the program as compared to the number after TASC involvement. In addition, the reduction of tension within the county jail can be looked at as an impact of TASC. Corrections officers admit that tensions are much lower within TASC treatment cells than elsewhere in the jail, and they would like to extend this concept to other specific populations.

TASC has placed great emphasis on its role of acting as a catalytic agent in the community corrections process, in view of the fact that the police are arresting more persons, the court dockets are crowded, and the caseloads of probation officers are very heavy. One measure of TASC's ability to act as such a catalytic agent was suggested: the number of people out of the total TASC has asked for who have been processed from the criminal justice system into treatment. This was mentioned as a possible measure since such referrals cannot be made without the cooperation of all three systems involved (courts, corrections and rehabilitation, drug treatment). This figure could also serve as a flow-measure for the Miami TASC project.

Another approach to measuring impact would be to develop data on the way drug-abusing arrestees were processed before TASC came into existence. Questions of interest would include:

- To what extent were drug-abusing arrestees probated to treatment?
- Did such probation rely on a limited number of the available drug treatment programs?
- What were the rehabilitation outcomes of the drug-abusing arrestees?

Identifying a group of drug-abusing arrestees from the pre-TASC period and determining their outcomes would, as discussed earlier in the section on "Client Outcome," require resolution of a number of problems. The closest approximation to the group desired would probably be arrestees charged with drug crimes. In theory at least, these cases could be identified from arrest records, tracked through court records for the court disposition and, for those probated, tracked through probation records for rehabilitation progress while on probation.

APPENDIX A

TASC Project Summary

I. Introduction

Program Name: Miami TASC

Address: 1400 N.W. 10th Avenue

Miami, Fla. 33136

Director: Mr. David Pickens Telephone (305) 324-1040

Date Operational: November, 1973

II. Client Data

A. Program Size

Cumulative Referrals 11/73 through 6/75	2,680
Referrals, month of 6/75	134
Active clients, month of 4/75	537

B. Client Characteristics

	Jail Treatment	Community-Based Treatment
White	36 %	45 %
Black	64	55 %
Other races	0	0 %
Male	88	82 %
Female	12	18 %
Under	NA*	35 %
Over 31	NA	8 %
Between 21 & 30	NA	57 %
Heroin abusers	82%	82 %
Average number of pre-TASC arrests	NA	NA

*Not available at time of telephone interview.

C. Distribution of Clients by Type of First TASC Intervention

Pre-trial diversion	6 %
Pre-trial release	24
Pre-trial treatment while in detention	53*
Post-trial probation	12
Post-trial treatment while incarcerated	*
Post-trial parole	5
Other (_____)	_____
Total (2,276** clients)	100%

*Clients receiving TASC jail treatment both pre- and post-trial.
**Referrals through March 1975.

D. Distribution of Clients by Treatment Modality

Residential drug-free:	%
Community-based	20
Jail	21
Outpatient drug-free	52
Methadone maintenance Detoxification	8
Other (_____)	_____
Total (537 clients)	100%

E. Current Charges*

Possession of drugs	%
Possession with intent to sell	
Larceny	
Shoplifting	
Forgery	
Burglary	
Assault	
Stolen property	
Auto theft	
Other	
Total	%

*Not requested at time of site visit.

III. Funding Data

A. Budget Summary

Source	Budget Amount	Start Date	End Date
LEAA	$582,000	Jan. 16, 1975	Jan. 15, 1976
local match	65,000	Jan. 16, 1975	Jan. 15, 1976
LEAA	$585,702	Nov. 1973	Jan. 15, 1975
local match Dade County	60,537	Nov. 1973	Jan. 15, 1975
LEAA	51,109	Nov. 1972	Oct. 1973

B. Expenditures

Cumulative, through June 1975	$762,000
For month of June 1975	40,000

IV. Staff Data

A. Summary

Authorized positions, as of 5/75	41
Filled positions, as of 5/75	40
Professional person-years, through _____	*
Turnover rate for period 1/74 through 1/75	17**%

*Not requested **Director's estimate.

B. Distribution by Component

Component*	Filled Positions	Vacancies
Screening	10	1
Tracking/Research	8	0
Apprehension	2	0
Vocational Rehabilitation	4	0
Jail Treatment	9	0
Other (admin., escort, public information)	7	0
Total	40	1

*Intake, although an integral part of the TASC process, is performed by the Addiction Treatment Agency's Central Intake Unit. Two TASC Tracking staff are stationed there.

V. Client Flow Data (through April 1975)

	Number
Screened	20,422
Volunteers for TASC	2,929
Reaching intake	*
Now in intake	*
Reaching treatment	*
Completing treatment	52
Now in treatment	537

*Not requested at time of site visit.